

Virginia Cooperative Extension

EASTERN SHORE MASTER GARDENER PROGRAM

DATE: _____

I wish to apply for training in the Virginia Cooperative Extension Master Gardener Program. I agree to perform fifty (50) voluntary hours in the program during the year following completion of the training.

Signature

Name: _____ Spouse: _____

Address: _____

Town: _____ County: _____ Zip: _____

Telephone: _____ Email: _____

1. What is your level of gardening experience? None Novice Experienced

2. What areas of gardening interest you the most?

A = high interest B = medium interest C = least interest

SUN		ANNUALS		HEIRLOOM	
SHADE		PERENNIALS		VEGETABLES	
FORMAL		WILDLIFE		ORGANIC	
NATURAL		BUTTERFLY		DESIGNING	
RAISED BEDS		WATER		COASTAL	

3. The mission of the Master Gardener Program is to educate others. Please check any of the following groups that may interest you. This is not a commitment.

Elementary School		Senior Citizens		Public Speaking	
Middle School		Disabled		Church/Civic Groups	
High School		Low Income		Community Gardens	
Scouts		Teaching Gardens			

4. Do you have skills in a non-horticultural area that you would volunteer to perform in support of the Master Gardener Program? Most any skill can be useful.

Secretarial		Writing		Public Speaking	
Computer		Graphic Arts		Carpentry	
Public Relations		Teaching			

5. How did you learn about the Master Gardener Program?

Newspaper_____ Friend_____ Master Gardener_____

Other_____

6. When are you available to volunteer for Master Gardener activities?

Flexible		Evenings	
Weekdays		Weekends	

7. Why do you wish to become a Master Gardener?

If you have questions about this form, please contact William Shockley, Agriculture & Natural Resources Agent, Northampton Extension Office, 678-7946, ext. 25, or email wishockl@vt.edu.

Please Send Completed Form To:

Eastern Shore Master Gardeners

Northampton Extension Office

7247 Young Street, Suite A

Machipongo, Virginia 23405

Or FAX to 678-7944